RISK ASSESSMENT QUESTIONNAIRE WORKSHEET

PRIVACY ACT STATEMENT

AUTHORITY: *Title 5, U.S. Code, 301, OPNAVINST 6110.1F*

PRINCIPAL PURPOSE: *To provide the Command Fitness Leader with the necessary information to screen personnel for potential health risks prior to physical readiness testing.*

ROUTINE USE: *For official and employees of the Department of the Navy in performing their official duties of administering the Health and Physical Readiness Program.*

MANDATORY DISCLOSURE AND CONSEQUENCES OF REFUSAL TO DISCLOSE: *Disclosure is necessary to fully evaluate member's readiness to participate in mandatory physical readiness testing. Failure to provide the requested information may preclude participation in physical readiness testing and may warrant further medical evaluation or administrative action.*

Command Fitness Leaders shall utilize these risk factor questions to determine all members' risk for exercise-related injuries. Members answering 'Yes' to any question except tobacco use, shall be evaluated by the medical department prior to participation in the PRT and exercise programs (command-sponsored or self-directed).

Member's SSN	*CFA Cycle*	*Member's Name*

Please check the box adjacent to 'Yes' or 'No' in response to each of the below listed questions. Check only 'Yes' or 'No' and do not leave any questions blank. When you have answered all questions, sign and date this worksheet in the spaces provided below and then return it to the Command Fitness Leader.

Section 1

1. Are you a male greater than 40 years old or a female greater than 50 and do not participate in a consistent aerobic exercise activity three to five times weekly?	☐ Yes	☐ No
2. Has your mother or sister died without any explanation (sudden death or suffered from a heart attack before the age of 55?	☐ Yes	☐ No
3. Has your father or brother died without any explanation (sudden death) or suffered from a heart attack before the age of 45?	☐ Yes	☐ No
4. Are you a current tobacco user?	☐ Yes	☐ No
5. Do you have high blood pressure or are you on blood pressure medication?	☐ Yes	☐ No
6. Has a doctor ever told you that you have high cholesterol or are you on cholesterol medication?	☐ Yes	☐ No
7. Do you have diabetes?	☐ Yes	☐ No
8. Are you sedentary (don't exercise at least three to five times per week for at least 30 minutes?	☐ Yes	☐ No

Section 2

1. Do you feel pain in your chest, neck, jaw, or arms when doing physical activity?	☐ Yes	☐ No
2. Do you experience any shortness of breath with moderate continuous exercise?	☐ Yes	☐ No
3. In the last month have you felt chest pain at rest?	☐ Yes	☐ No
4. Have you had any problems with light-headedness?	☐ Yes	☐ No
5. Do you have a known cardiac (heart) disease?	☐ Yes	☐ No
6. Have you experienced episodes of rapid beating or fluttering of the heart?	☐ Yes	☐ No
7. Have you unintentionally lost or gained more than 10 percent of your body weight since the last PFA cycle?	☐ Yes	☐ No
8. Do you suffer from lower leg swelling of both legs?	☐ Yes	☐ No
9. Do you have difficulty breathing or have sudden breathing problems at night?	☐ Yes	☐ No
10. Do you have a bone, joint, or muscle problem that may prevent you from doing physical activity of any kind?	☐ Yes	☐ No
11. Do you have any personal history of metabolic disease (thyroid, renal, liver)?	☐ Yes	☐ No

Member's Signature	*Date Questionnaire Completed*